

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

SERIAL NO.

107506933

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51								
2							52								
3		21					53								
4		21					54								
5		(21)					55								
6		(21)					56								
7		(21)					57								
8		(21)					58								
9		(21)					59								
10							60								
11							61								
12		21					62								
13		(21)					63								
14		(21)					64								
15		(21)					65								
16		(21)					66								
17							67								
18		1					68								
19		21					69								
20							70								
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40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	16						TOTAL DEP.								
CLAIMS	23	19					CLAIMS								

BEST AVAILABLE COPY